

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042442

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5663

FILED NOV 26 1962

VS 300
Rev. 4/5913008
28150

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

24 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

V A HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

JOHNSON

c. CITY
OR TOWN

OVERLAND PARK

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

7700 FOSTER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARCHIBALD

MAUS

ADAMS

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-26-07

9. AGE (last birthday)

55

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

11. IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lafayette, Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Archibald Adams

13b. MOTHER'S MAIDEN NAME

Rhea Maus

14. NAME OF HUSBAND OR WIFE

Pauline Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWII

17. INFORMANT

Pauline Adams, wife
VA Hospital Official Records, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cirrhosis of the liver

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Carcinoma of the esophago-gastric junction

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

s.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 15, 1962 to November 8, 1962

Death occurred at

3:40

a

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DWIGHT K. OXLEY, M.D.

Dwight K. Oxley

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

11-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov. 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

Johnson Co. Mem. Gardens

23d. LOCATION (City, town, or county)

Overland Park Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hoge Funeral Home Overland Park Ks.

25. DATE RECD. BY LOCAL REG.

11-9-62

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

J. Ralph Hoge

Licensed Embalmer No. 3579

P. O. Address Oakland Park, Fla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.